

Telephone: 508-764-4252
Fax: 508-765-1190



Health Department
41 Elm Street

**TOWN OF SOUTHBRIDGE
SOUTHBRIDGE, MASSACHUSETTS 01550-2638**

**APPLICATION FOR A PERMIT TO OPERATE A
BODY ART ESTABLISHMENT IN THE TOWN OF SOUTHBRIDGE**

NEW RENEWAL

Owner/Applicant's Name: _____

Owner/Applicant's Address: _____

Name of Establishment: _____

Address of Establishment: _____

Phone of Establishment: _____

Type of Body Art performed: ___ tattooing ___ piercing ___ tattooing & piercing

Number of Practitioners: _____

Note: Each practitioner must submit, in full, an application to Practice Body Art in the Town of Southbridge.

Required Autoclave Information:

Manufacturer: _____

Model Number: _____

Serial Number: _____

I state, under the pains and penalties of perjury, that all information stated on this application is, to the best of my knowledge, correct, accurate, and current.

Applicant's signature

Date

Social Security or FID #

To be filled out by Board of Health:

Approved: _____

Fee paid: _____

Date Issued: _____

Date paid: _____

Disapproved: _____

**CERTIFICATE OF COMPLIANCE
TOWN OF SOUTHBRIDGE
REVENUE COLLECTION**

Pursuant to M.G.L. Chapter 40, section 57, I hereby certify under the pains and penalties of perjury, that the undersigned applicant and all parties having an ownership interest therein have complied with the laws of the Commonwealth of Massachusetts and the Town of Southbridge regarding payment of all local taxes, fees, assessment, betterment's or any other municipal charges of any kind.

GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES INTERESTED IN THIS APPLCIATION

(Give first and last name in full: in cases of corporation gives names of President, Treasurer and Manager and in case of firms give names of individual members)

1) If a Proprietorship

Name of Owner : _____

Business Address : _____

Home Address : _____

Business Phone : _____ Home Phone _____

2) If Partnership

Full names and addresses of all Partners

Names

Addresses

Phone

Business Address _____ Business Phone _____

(3) If Corporation

Full legal name _____

State of Incorporation _____

Principal place of Business in Massachusetts _____

Officers of Corporation _____

Names

Title

Owners of Corporation

Name

Address

% of stock

**CERTIFICATE OF COMPLIANCE
PROVING COMPLIANCE WITH THE WORKERS COMPENSATION ACT**

Section 25C of Chapter 152 Massachusetts General Laws requires that every local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or the construct buildings in the Commonwealth until it has received acceptable evidence of compliance with the Workers Compensation insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must supply one of the following by attaching it to this **CERTIFICATE OF COMPLIANCE**.

(PLEASE CHECK ONE):

A Certificate of Insurance showing workers compensation insurance in effect as of the date upon which the issuance or renewal of a license or permit is requested.

A copy of a policy of workers compensation insurance in effect as of date upon which the issuance or renewal of the license or permit is requested.

In certain circumstances, listed below, workers compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption and sign the statement where indicated before the Notary Public, who will then notarize the sworn statement.

Commonwealth of Massachusetts)

Town of Southbridge, Worcester County) SS. _____

I am self-employed and have no employees who work for me, and do all of the work of my business, named _____ at _____, TOWN OF SOUTHBRIDGE, MYSELF. Therefore, I am not required to obtain workers compensation insurance.

I and _____ are owners of the business named _____, at _____ in TOWN OF SOUTHBRIDGE, and we do all of the work of this business ourselves, and have no employees. Therefore, we are not required to obtain workers compensation insurance.

I certify that the above information is true and correct under the pains and penalties of perjury this _____ day of _____.

Sworn to and subscribed before me this _____ day of _____.

Notary Public : _____ My commission expires: _____